

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)? No

Number of Copies of CRF::

Title:: A LOCK FOR A FASTENER

Attorney Docket Number:: 016660-182

Request for Early Publication? No

Request for Non-Publication? No

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 13

Small Entity? Yes

Latin Name::

Variety Denomination Name::

Petition Included? No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.? No

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Hong Kong
Status::	Full Capacity
Given Name::	King Biu
Middle Name::	
Family Name::	MAK
Name Suffix::	
City of Residence::	Kowloon
State or Province of Residence::	
Country of Residence::	Hong Kong, China
Street of Mailing Address::	Rm. A12, 5/F., Block A2, Yau Tong Industrial City, 17 Ko Fai Road, Yau Tong
City of Mailing Address::	Kowloon
State or Province of Mailing Address::	
Country of Mailing Address::	Hong Kong, China
Postal or Zip Code of Mailing Address::	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Chung Yin Ronald
Middle Name::	
Family Name::	MAK
Name Suffix::	
City of Residence::	Kowloon
State or Province of Residence::	
Country of Residence::	Hong Kong, China

Street of Mailing Address:: Rm. A12, 5/F., Block A2, Yau Tong Industrial  
City, 17 Ko Fai Road, Yau Tong

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong, China

Postal or Zip Code of Mailing  
Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Chung Ming

Middle Name::

Family Name:: MAK

Name Suffix::

City of Residence:: Kowloon

State or Province of Residence::

Country of Residence:: Hong Kong, China

Street of Mailing Address:: Rm. A12, 5/F., Block A2, Yau Tong Industrial  
City, 17 Ko Fai Road, Yau Tong

City of Mailing Address:: Kowloon

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong, China

Postal or Zip Code of Mailing  
Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## **Assignee Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing

Address::